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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE
						08 / 702505	
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						51
2	/						52
3	/						53
4	/						54
5	/						55
6	/						56
7	/						57
8	/						58
9	/						59
10	/						60
11	/						61
12	/						62
13	/						63
14	/						64
15	/						65
16	/						66
17	/						67
18	/						68
19	/						69
20	/						70
21	/						71
22	/						72
23	/						73
24	/						74
25	/						75
26	/						76
27	/						77
28	/						78
29	/						79
30	/						80
31	/						81
32	/						82
33	/						83
34	/						84
35	/						85
36	/						86
37	/						87
38	/						88
39	/						89
40	/						90
41	/						91
42	/						92
43	/						93
44	/						94
45	/						95
46	/						96
47	/						97
48	/						98
49	/						99
50	/						100
TOTAL IND.	21						TOTAL IND.
TOTAL DEP.	35						TOTAL DEP.
TOTAL CLAIMS	56						TOTAL CLAIMS

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

PTO-1350 (5-78)

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